HOUSE RESEARCH

Bill Summary

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Overview

This bill contains the Governor's health and human services budget recommendations.

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Article 1: Health Department

Overview

This article allows home care provider applicants or licensees to apply for a home and community-based services designation and provides regulations for that integration.

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1 **Integrated licensure; home and community based services designation.** Adds § 144A.484.

Subd. 1. Integrated licensing established. (a) Requires the commissioner of health to enforce the home and community-based services standards under chapter 245D on providers who also have a home care license under chapter 144A. This requirement is mandated by Laws 2013, chapter 108, article 11, section 31, and article 8, section 60.

(b) Permits a home care provider applicant or license holder to apply to the commissioner for a home and community-based services designation beginning July 1, 2015. The designation allows the license holder to use that license to provide basic home and community-based services that would otherwise require licensure under chapter 245D.

Subd. 2. Application for home and community-based services designation. States guidelines for the application for the license, including, but not limited to, being subject to the requirements under section 144A.473 relating to issuance of home care provider licenses.

Subd. 3. Home and community-based services designation fees. Requires an applicant for license or renewal to pay a fee specified in subdivision 8.

Subd. 4. Applicability of home and community-based services requirements. Lists licensing requirements from various chapters, including 144D and 245D, with which the licensee must comply.

Subd. 5. Monitoring and enforcement. (a) Requires the commissioner of health to monitor for compliance of the requirements of this subdivision.

(b) Allows the commissioner to deny home and community-based services in accordance with license issuance regulations in chapter 144A and lists actions the commissioner may taken upon finding that an applicant or license holder has failed to comply with license designation requirements.

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Subd. 6. Appeals. Allows an applicant for a temporary license to seek reconsideration under 144A.473, subdivision 3. Allows a licensed home care provider whose application has been denied or whose designation has been suspended or revoked to seek reconsideration under section 144A.475. Allows a license holder to request reconsideration of a correction order under section 144A.474, subdivision 12.

Subd. 7. Agreements. Requires the commissioners of health and human services to enter into any agreements necessary to implement this section.

Subd. 8. Fees; home and community-based services designation. Requires payment of an initial fee and annual nonrefundable fees for a home and community-based services designation and lists fees. Requires the fees and penalties collected to be deposited in the state treasury and credited to the state government special revenue fund.

Effective date. Section 144A.484, subdivision 2 to 8, are effective July 1, 2015.

2 **Provider enrollment.** Amends § 256B.04, subdivision 21. Includes providers licensed as home and community-based services under chapter 144A in Medicare and Medicaid Services provider enrollment requirements relating to the entity's compliance officer and the officer's duties.

Article 2: Healthcare

Overview

This article requires the commissioner to implement a new hospital payment system based on APR-DRGs (all patient refined diagnosis-related groups), on a budget-neutral basis. The article also contains provisions related to third-party liability and claims processing for federally qualified health centers.

1 **Contract to match recipient third-party liability information.** Amends § 256.01, by adding subd. 38. Allows the commissioner to contract with a national organization to match recipient third-party liability information and provide coverage and insurance primacy information to the department.

2 **Authority.** Amends § 256.9685, subd. 1. Strikes references to general assistance medical care (GAMC), which ended February 28, 2011.

3 **Administrative reconsideration.** Amends § 256.9685, subd. 1a. Strikes a cross-reference to GAMC.

4 **Base year.** Amends § 256.9686, subd. 2. Modifies the definition of base year for hospital reimbursement, to include more than one year recognized by Medicare. Also eliminates a reference to GAMC.

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5 **Hospital cost index.** Amends § 256.969, subd. 1. Strikes language that prohibits automatic annual inflation adjustments for hospital payments, and also strikes references to GAMC.

6 **Diagnostic categories.** Amends § 256.969, subd. 2. Directs the commissioner to use the diagnostic classification system created by 3M for all patient refined diagnosis-related groups (APR-DRGs) to determine the relative values of inpatient services and case mix indices. Allows the commissioner to supplement the APR-DRG data with national averages. Makes other related changes.

7 **Operating payment rates.** Amends § 256.969, subd. 2b. Strikes language that prohibits hospital rates from being rebased on or after January 1, 2013, and strikes related language on rebasing. Requires the operating payment rate per admission to be based on Medicare cost-finding methods and allowable costs.

8 **Property payment rates.** Amends § 256.969, subd. 2c. Strikes outdated language related to setting property payment rates, and makes other changes.

9 **Budget neutrality factor.** Amends § 256.969, by adding subd. 2d. Requires the commissioner, when rebasing payment rates for the rebased period beginning September 1, 2014, to apply a budget neutrality factor to ensure that total DRG payments to hospitals do not exceed the total DRG payments that would have been made had relative rates and weights not been recalibrated.

10 **Payments.** Amends § 256.969, subd. 3a. Requires the commissioner to notify hospitals of payment rates 30 days prior to implementation. Strikes payment rate reduction language and references to GAMC.

11 **Nonpayment for hospital-acquired conditions and for certain treatments.** Amends § 256.969, subd. 3b. Updates a reference to diagnosis codes, by replacing ICD-9-CM with ICD-10-CM and also strikes specific references to old codes, and to GAMC. Requires the list of hospital acquired conditions to be defined by the Centers for Medicare and Medicaid Studies on an annual basis.

12 **Medical assistance cost reports for services.** Amends § 256.969, by adding subd. 4b. Requires critical access hospitals that receive MA payments and hospitals that receive a disproportionate population adjustment to annually file MA cost reports within six months of the end of the hospital's fiscal year. Requires DHS to suspend payments to hospitals that fail to file the required report.

13 **Special considerations.** Amends § 256.969, subd. 6a. Eliminates a reference to a repealed subdivision.

14 **Hospital residents.** Amends § 256.969, subd. 8c. Requires payments for the first 180 days of inpatient care to be the APR-DRG payment plus any appropriate outliers. Requires payment for medically necessary care subsequent to 180 days to be made at a rate computed by multiplying the statewide average cost to charge ratio by the usual and customary charges.

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15 **Disproportionate numbers of low-income patients served.** Amends § 256.969, subd. 9. Prohibits disproportionate population adjustment payments from being paid to critical access hospitals. Eliminates obsolete language related to disproportionate population adjustment payments. Eliminates references to GAMC.

16 **Separate billing by certified registered nurse anesthetists.** Amends § 256.969, subd. 10. Requires hospitals to exclude certified registered nurse anesthetist costs from hospital operating payment rates and makes related changes. Also strikes obsolete language.

17 **Transfers.** Amends § 256.969, subd. 14. Eliminates a reference to repealed subdivisions.

18 **Out-of-state hospitals in local trade areas.** Amends § 256.969, subd. 17. Modifies a provision related to rate calculation for out-of-state hospitals, by changing a reference to a base year to base "years" and prohibiting redetermination of diagnostic categories until required by "statute" rather than "rule" as in current law.

19 **Payment rates for births.** Amends § 256.969, subd. 30. Modifies references to diagnostic categories to reflect the use of APR-DRGs and makes related changes, in a section setting payment rates for births.

20 **Other clinic services.** Amends § 256B.0625, subd. 30. Requires the commissioner to notify federally qualified health centers, by July 1 of each year, of the commissioner's intent to close out MA payment rate and claims processing for services provided in the calendar year two years prior to the year in which notification is provided. If the commissioner and the FQHC do not agree to close out the rate and claims processing, requires the matter to be submitted to an arbiter to determine whether the closeout deadline should be extended.

21 **Payments reported by governmental entities.** Amends § 256B.199. Strikes language requiring certain hospitals to report certified public expenditures and GAMC expenditures and makes related changes.

22 **Repealer.** Repeals the following subdivisions of § 256.969: 8b (GAMC hospital admissions), 9a (contingent disproportionate share population adjustments), 9b (outdated rateable reductions), 11 (special rates for hospice, ventilator dependent and other services), 13 (neonatal transfers), 20 (increases for small rural hospitals), 21 (mental health and chemical dependency rates), 22 (outdated disproportionate share hospital adjustment), 25 (long-term care hospital rates), 26 (rural hospital DRG increases), 27 (disproportionate share hospital adjustment), and 28 (temporary rate increase). Also repeals § 256.9695, subd. 3 (transition period for rates) and 4 (study of hospital payment systems).

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Article 3: Northstar Care for Children

Overview

This article modifies the Northstar Care for Children. Among other things, it updates background study requirements for individuals seeking permanent legal and physical custody of a child and modifies requirements for kinship assistance agreements.

1 **Fingerprints.** Amends § 245C.05, subd. 5. Adds that individuals seeking to have a child transferred to their permanent legal and physical custody must provide a set of classifiable fingerprints to the commissioner.

2 **Background studies conducted by the Department of Human Services.** Amends § 245C.08, subd. 1. Requires the commissioner to review out-of-state criminal history and child abuse data as part of the background study on individuals seeking to have a child transferred to their permanent legal and physical custody. These out-of-state checks are currently required for adoptive and foster parents.

3 **Background studies conducted by the commissioner.** Amends § 245C.33, subd. 1. Establishes the requirements and processes to allow prospective adoptive parents and individuals who are seeking to have legal and physical custody of a child transferred to them permanently to avoid repeat background studies if already licensed as a foster home.

4 **Information commissioner reviews.** Amends § 245C.33, subd. 4. Instructs the commissioner to advise agencies when a repeat background study is not required on prospective adoptive parents and on individuals seeking permanent physical and legal custody of a child.

5 **Children eligible for subsidized adoption assistance.** Amends Minnesota Statutes 2013 Supplement, § 256B.055, subd. 1. Adds a cross reference to chapter 256N, Northstar Care for Children.

6 **Licensed child foster parent.** Amends Minnesota Statutes 2013 Supplement, § 256N.02, by adding subdivision 14a. Defines "licensed child foster parent" as a person licensed for child foster care under relevant Minnesota Rules, or by a Minnesota tribe.

7 **Placement in foster care.** Amends Minnesota Statutes 2013 Supplement, § 256N.21, subd. 2. Provides that a child in out-of-home placement is eligible for foster care benefits when the legally responsible agency has placement authority and care responsibility and

- the child is placed with a licensed child foster parent, or
- the child is in an emergency relative placement, a licensed adult foster home, or an independent living setting.

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8 **Background study.** Amends Minnesota Statutes 2013 Supplement, § 256N.21, by adding subd. 7. Paragraph (a) requires a county or private agency to conduct a background study for child foster care licensing in accordance with chapter 245C and the Adam Walsh Act.

Paragraph (b) requires a tribal organization to conduct a background study for purposes of child foster care licensing in accordance with the Indian Child Welfare Act and, when applicable, the Adam Walsh Act.

9 **General eligibility requirements.** Amends Minnesota Statutes 2013 Supplement, § 256N.22, subd. 1. Requires that before a relative can be eligible to receive guardianship assistance, the child must live in the relative's home for six consecutive months. Requires that the relative be licensed as a foster parent, or meet the alternative listed criteria.

10 **Agency determinations regarding permanency.** Amends Minnesota Statutes 2013 Supplement, 2013 Supplement, § 256N.22, subd. 3. Requires the responsible agency to document eligibility determinations when making a determination about placement of a child with a relative custodian.

11 **Background study.** Amends Minnesota Statutes 2013 Supplement, § 256N.22, subd. 4. Provides that the background studies on relative custodians must meet the requirements of the Adam Walsh Act. Allows relative custodians to avoid a repeat background study if they have a foster care license and the earlier home study met the requirements listed in this section.

12 **Exclusions.** Amends Minnesota Statutes 2013 Supplement, § 256N.22, subd. 6. Adds that the commissioner shall not enter into a guardianship assistance agreement with the stepparent of a child.

13 **General eligibility requirements.** Amends Minnesota Statutes 2013 Supplement, § 256N.22, subd. 1. Clarifies tribal social service agency responsibility in order for a child to be eligible for adoption assistance.

14 **Background study.** Amends Minnesota Statutes 2013 Supplement, § 256N.23, subd. 4. Requires that all adults residing in the home of prospective adoptive parents must have a background study completed that meets the requirements of the Adam Walsh Act. Allows prior background studies to be used when the individual is a currently licensed foster parent and all requirements of the subdivision are met.

15 **Timing of and request for reassessments.** Amends Minnesota Statutes 2013 Supplement, § 256N.24, subd. 9. Provides that for a child in continuous foster care when six months have elapsed since the last assessment, a reassessment must be completed within 30 days, and annually thereafter.

16 **Caregiver requests for reassessments.** Amends Minnesota Statutes 2013 Supplement, § 256N.24, subd. 10. Strikes language allowing a foster parent to request a reassessment in less than six months when there has been a substantial change in the child's needs.

Adds paragraph (d) which provides that when a kinship assistance or adoption assistance

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agreement is signed by all parties, a reassessment cannot be requested or conducted for up to two years until the agreement goes into effect or expires.

17 **Negotiation of agreement.** Amends Minnesota Statutes 2013 Supplement, § 256N.25, subd. 2. Modifies the requirements related to adoption assistance agreements when the adoptive parents are adopting a child who is considered "at-risk."

18 **Renegotiation of agreement.** Amends Minnesota Statutes 2013 Supplement, § 256N.25, subd. 3. Makes technical changes to conform to changes made in section 17.

19 **Benefits.** Amends Minnesota Statutes 2013 Supplement, § 256N.26, subd. 1. Strikes a reference to guardianship assistance.

20 **Nonfederal share.** Amends Minnesota Statutes 2013 Supplement, § 256N.27, subd. 4. Clarifies that costs for the phase in of Northstar Care are borne by the state.

21 **Financial considerations.** Amends § 257.85, subd. 11. Modifies the method used by the commissioner to reimburse the local agency for relative custody assistance payments.

22 **Out-of-home placement; plan.** Amends § 260C.212, subd. 1. Requires an out-of-home placement plan to include documentation of the permanency plan for the child, when a child cannot be returned to the care of either parent, and documentation necessary to support kinship placement when adoption is not in the child's best interests.

23 **Custody to relative.** Amends § 260C.515, subd. 4. Lists the requirements for the transfer of permanent legal and physical custody to a relative, and the factors the court is to consider.

24 **Adoption home study required.** Amends § 260C.611. Provides that a child foster care home study meets the requirements for an adoption home study when the study meets specified requirements, the child resides in the home of the prospective adoptive parents, and the child is under the guardianship of the commissioner.

25 **Revisor's instruction.** Instructs the revisor to change the term "guardianship assistance" to "Northstar kinship assistance" throughout statute and rule where this term refers to Northstar Care for Children.

26 **Repealer.** Repeals Minnesota Statutes 2013 Supplement, § 256N.26, subd. 7 (special at-risk monthly payment for at-risk children in guardianship assistance and adoption assistance).

Article 4: Community First Services and Supports

Overview

This article modifies the Community First Services and Supports program.

1 **Community first services and supports (CFSS) organizations.** Amends § 245C.03, by adding subd. 8. Requires the commissioner to conduct background studies on any individual required under the CFSS program to have a background study completed.

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2 **CFSS organizations.** Amends § 245C.04, by adding subd. 7. Requires the commissioner to conduct background studies on certain individuals at least upon application for initial enrollment under the CFSS program. Requires the CFSS organization to receive notice from the commissioner that a direct care worker is not disqualified or disqualified but the individual has received a set-aside of the disqualification before the individual begins a position allowing direct contact with clients.

3 **CFSS organizations.** Amends § 245C.10, by adding subd. 10. Charges CFSS organizations a fee of no more than $20 per background study. Appropriates fees collected under this subdivision to the commissioner for the purpose of conducting background studies.

4 **Definitions.** Amends § 256.85, subd. 2. Modifies the definitions under the CFSS program by adding definitions for "consultation services" and "worker training and development." Modifies definitions of "CFSS delivery plan," "extended CFSS," "financial management services contractor or vendor," "health-related procedures and tasks," "participant's representative," "shared services," and "support worker." Removes the definition of "support specialist."

5 **Eligibility.** Amends § 256B.85, subd. 3. Removes the requirement for a CFSS participant to be living in their own home or a foster care setting in order to receive CFSS services. Modifies terminology.

6 **Assessment requirements.** Amends § 256B.85, subd. 5. Specifies an assessment of functional need may occur at the request of the participant. Removes a limitation that participants residing in a facility may only choose CFSS for the purpose of returning to the community. Specifies that temporary authorization of CFSS services may only occur in the agency-provider model.

7 **CFSS service delivery plan.** Amends § 256B.85, subd. 6. Modifies CFSS service delivery plan requirements by adding requirements to include budget information and a plan for worker training and development. Specifies the duties of the consultation services provider in assisting with the development or modification of the plan. Requires the plan to be approved by the case manager or care coordinator for a waiver or alternative care program participant.

8 **CFSS; covered services.** Amends § 256B.85, subd. 7. Modifies terminology. Modifies the list of covered services by removing transition costs and adding services provided by an FMS contractor under contract with DHS, services provided by a consultation services provider under contract with DHS and enrolled as a Minnesota health care program provider, and worker training and development services. Specifies the requirements for family members to be able to provide CFSS services.

9 **Determination of CFSS service methodology.** Amends § 256B.85, subd. 8. Modifies terminology. Specifies how the service budget for budget model participants is calculated.

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10 **Noncovered services.** Amends § 256B.85, subd. 9. Makes technical changes. Modifies the list of noncovered services under the CFSS program by adding several services including IADLs for children under age 18, services provided and billed by a provider who is not an enrolled CFSS provider, services that are used solely as a child care or babysitting service, sterile procedures, giving of injections, home maintenance or chore services, application of restraints or implementation of deprivation procedures, and services to other members of the participant's household.

11 **Agency-provider and FMS contractor qualifications, general requirements, and duties.** Amends § 256.85, subd. 10. Adds qualifications, requirements, and duties to agency-providers and FMS contractors.

12 **Agency-provider model.** Amends § 256B.85, subd. 11. Updates terminology. Adds requirements for participants when purchasing goods under the agency-provider model.

13 **Requirements for enrollment of CFSS agency-provider agencies.** Amends § 256B.85, subd. 12. Updates terminology. Requires the commissioner to send annual review notifications to agency-providers 30 days prior to renewal and specifies the information that must be included in the notification. Requires agency-providers to submit the required documentation for annual review within 30 days of notification from the commissioner. Requires the agency-provider enrollment number to be terminated or suspended if no documentation is submitted.

14 **Budget model.** Amends § 256B.85, subd. 13. Requires participants to use an FMS contractor in the budget model. Modifies the list of items for which participants may use their budget allocation under the budget model. Moves language related to disenrollment procedures within this subdivision. Modifies the FMS contractor service functions and requirements. Updates terminology and cross-references.

15 **Documentation of support services provided.** Amends § 256B.85, subd. 15. Updates terminology.

16 **Support workers requirements.** Amends § 256B.85, subd. 16. Updates terminology. Prohibits support workers from providing or being paid for more than 275 hours of CFSS per month. Prohibits DHS from disallowing the number of hours per day a support worker works unless it violates other law.

17 **Exception to support worker requirements.** Amends § 256B.85, by adding subd. 16a. Creates an exception to the support worker requirements under certain circumstances.

18 **Consultation services description and duties.** Amends § 256B.85, subd. 17. Removes support specialist requirements ("support specialist" was also removed from the definitions in section 4). Adds consultation services definition, description, and duties.

19 **Consultation service provider qualifications and requirements.** Amends § 256B.85, by adding subd. 17a. Creates consultation service provider qualifications and requirements.

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20 **Service unit and budget allocation requirements and limits.** Amends § 256B.85, subd. 18. Removes the calculation of the service unit and budget allocation from this subdivision (it was moved to section 9).

21 **Worker training and development services.** Amends § 256B.85, by adding subd. 18a. Specifies worker training and development services criteria.

22 **Commissioner's access.** Amends § 256B.85, subd. 23. Updates terminology.

23 **CFSS agency-providers; background studies.** Amends § 256B.85, subd. 24. Updates terminology.

24 **Effective date.** Modifies the effective date of the CFSS program. The proposed effective date is 90 days after federal approval.

Article 5: Continuing Care

Overview

This article makes changes to the home and community-based services standards related to the Jensen Settlement, modifies the home and community-based services provider quality add-on and performance incentive program, provides a payment rate increase to nursing facilities to address compensation-related costs, modifies home and community-based settings, and provides a four percent rate increase for ICF/DDs and home and community-based services providers.

1 **Licensing data.** Amends § 13.46, subd. 4. Adds data collected under chapter 245D to the list of data that is considered private data on individuals under the government data practices act.

2 **Positive support strategies and emergency manual restraint; licensed facilities and programs.** Amends § 245.8251.

Subd. 1. Rules governing the use of positive support strategies and restricting or prohibiting restrictive interventions. Changes the timeline for DHS to adopt new rules governing the use of positive support strategies. Clarifies that the new rules will apply to people with developmental disabilities in licensed facilities and in licensed services serving people with developmental disabilities. Defines "developmental disability or related condition."

Subd. 2. Data collection. Updates terminology and modifies provisions governing data collection related to incidents of emergency use of manual restraint and positive support transition plans.

Subd. 3. External program review committee. Establishes an external program review committee to monitor implementation of the rules governing the use of positive support strategies and make recommendations to the commissioner about any needed

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policy changes after adoption of the rules.

Subd. 4. Interim review panel. Establishes an interim review panel to review requests for emergency use of manual restraint. Requires the panel to make recommendations to the commissioner to approve or deny these requests based on criteria to be established by the panel. Requires the panel to operate until the external program review committee under subdivision 3 is established. Specifies how members of the panel shall be selected and lists certain representatives that must be on the panel.

3 **Implementation.** Amends § 245A.042, subd. 3. Adds paragraph (e), which establishes timelines for providers licensed under chapter 245D to execute certain licensing components.

4 **Delegation of authority to agencies.** Amends § 245A.16, subd. 1. Specifies certain licensing authority is excluded from the delegation of authority to county and private agencies.

5 **Case manager.** Amends § 245D.02, subd. 3. Defines "case manager" for the purposes of chapter 245D.

6 **Coordinated service and support plan.** Amends § 245D.02, subd. 4b. Defines "coordinated service and support plan" for the purposes of chapter 245D.

7 **Expanded support team.** Amends § 245D.02, subd. 8b. Corrects a cross-reference.

8 **Incident.** Amends § 245D.02, subd. 11. Modifies the definition of "incident" to include a mental health crisis that requires a call to a similar mental health response team or service when available and appropriate and makes technical changes.

9 **Mechanical restraint.** Amends § 245D.02, subd. 15b. Modifies the definition of "mechanical restraint" so it does not include use of devices that trigger alarms to alert staff of potential wandering or use of medical equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.

10 **Seclusion.** Amends § 245D.02, subd. 29. Clarifies the definition of "seclusion" to mean when a person is removed from a room involuntarily or involuntarily removing or separating a person from a room or activity and blocking or preventing the person's return.

11 **Support team.** Amends § 245D.02, subd. 34. Modifies the definition of "support team" to include a mental health case manager.

12 **Time out.** Amends § 245D.02, subd. 34a. Modifies the definition of "time out" to mean involuntarily removing a person for a period of time to a designated area from which the person is not prevented from leaving. Does not include a person taking a break or a rest from an activity for the purpose of providing the person an opportunity to regain self-control.

13 **Unlicensed staff.** Amends § 245D.02, by adding subd. 35b. Defines "unlicensed staff" as individuals not otherwise licensed or certified by a governmental health board or agency.

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14 **Applicability.** Amends § 245D.03, subd. 1. Excludes certain out-of-home respite care services from the list of basic support services. Adds the word "adult" to companion services to make terminology consistent. Modifies the list of residential supports and services.

15 **Effect.** Amends § 245D.03, by adding subd. 1a. Describes the purpose of the home and community-based standards under chapter 245D.

16 **Relationship to other standards governing home and community-based services.** Amends § 245D.03, subd. 2. Clarifies which foster care settings are subject to service recipient rights provisions under chapter 245D. Makes technical corrections.

17 **Variance.** Amends § 245D.03, subd. 3. Corrects cross-references.

18 **Protection-related rights.** Amends § 245D.04, subd. 3. Modifies protection-related rights to be clear that participants have the right to be free from restrictive interventions or other prohibited procedures.

19 **Health needs.** Amends § 245D.05, subd. 1. Requires unlicensed staff responsible for medication set up or administration to complete required training.

20 **Medication setup.** Amends § 245D.05, subd. 1a. Clarifies that if medication setup is assigned to the license holder, only then does the license holder need to complete documentation of the setup.

21 **Medication assistance.** Amends § 245D.05, subd. 1b. Modifies the definition of "medication assistance." Makes technical changes.

22 **Medication administration.** Amends § 245D.05, subd. 2. Clarifies the definition of "medication administration." Makes technical changes.

23 **Reviewing and reporting medication and treatment issues.** Amends § 245D.05, subd. 4. Eliminates certain reports made to the person's physician or prescriber as a condition of reporting medication administration under certain circumstances.

24 **Injectable medications.** Amends § 245D.05, subd. 5. Removes subcutaneous or intramuscular from the description of injectable medications.

25 **Psychotropic medication use and monitoring.** Amends § 245D.051.

Subd. 1. Conditions for psychotropic medication administration. Updates cross-references and makes technical changes. Removes the requirement for psychotropic medications to be described in the person's coordinated service and support plan.

Subd. 2. Refusal to authorize psychotropic medication. Requires refusal to authorize medication administration to be reported to the prescriber as expediently as possible. Prohibits refusals to be overridden without a court order.

26 **Incident response and reporting.** Amends § 245D.06, subd. 1. Makes a technical change.

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27 **Environment and safety.** Amends § 245D.06, subd. 2. Clarifies that toxic substances need to be inaccessible only when they pose a known safety threat. Updates terminology for consistency.

28 **Funds and property; legal representative restrictions.** Amends § 245D.06, subd. 4. Restricts license holders or staff persons from accepting an appointment as a guardian except under certain circumstances.

29 **Restricted procedures.** Amends § 245D.06, subd. 6. Moves language related to restricted procedures from § 245D.061, subdivision 3, to this subdivision. Moving the language to this subdivision has the effect of making the language apply more broadly to all providers licensed under chapter 245D.

30 **Permitted actions and procedures.** Amends § 245D.06, subd. 7. Permits physical contact by staff to redirect a person's behavior when applied for less than 60 seconds. Clarifies when the use of manual restraint is allowed. Allows for the use of an auxiliary device to ensure a person does not unfasten a seat belt when being transported in a vehicle in accordance with seat belt use requirements.

31 **Positive support transition plan.** Amends § 245D.06, subd. 8. Updates terminology. Specifies that the commissioner has limited authority to grant approval for the emergency use of prohibited procedures. Requires written requests for the emergency use of prohibited procedures to be developed and submitted to the commissioner with input from the person's expanded support team. Requires a copy of the written request, supporting documentation, and the commissioner's final determination on the request to be maintained in the person's service recipient record.

32 **Assessment and initial service planning.** Amends § 245D.071, subd. 3. Modifies criteria for contents of assessment and initial service planning.

33 **Service outcomes and supports.** Amends § 245D.071, subd. 4. Clarifies service outcomes and supports.

34 **Service plan review and evaluation.** Amends § 245D.071, subd. 5. Updates terminology. Specifies the purpose of the service plan review is to determine whether changes are needed to the service plan based on the assessment information, the license holder's evaluation of progress toward accomplishing outcomes, or other information provided by the support team or expanded support team.

35 **Coordination and evaluation of individual service delivery.** Amends § 245.081, subd. 2. Modifies training requirements for the designated coordinator.

36 **Staff qualifications.** Amends § 245D.09, subd. 3. Allows testing or observed skill assessment as demonstrated competency.

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37 **Orientation to individual service recipient needs.** Amends § 245D.09, subd. 4a. Makes technical changes. Adds staff training requirements related to medication setup and assistance. Requires staff to review and receive instruction on mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness. Makes technical changes.

38 **Behavior professional qualifications.** Amends § 245D.091, subd. 2. Modifies behavior professional qualifications.

39 **Behavior analyst qualifications.** Amends § 245D.091, subd. 3. Modifies behavior analyst qualifications.

40 **Behavior specialist qualifications.** Amends § 245D.091, subd. 4. Modifies behavior specialist qualifications.

41 **Service suspension and service termination.** Amends § 245D.10, subd. 3. Clarifies that notice of service termination must occur in conjunction with a notice of temporary service suspension. Makes technical changes.

42 **Availability of current written policies and procedures.** Amends § 245D.10, subd. 4. Makes technical changes.

43 **Health and safety.** Amends § 245D.11, subd. 2. Includes similar mental health response team or service in a requirement to call certain entities when an incident occurs.

44 **Vendor participation and reimbursement.** Amends § 252.451, subd. 2. Adds a cross-reference to the home and community-based services standards to the DT&H vendor participation and reimbursement provisions.

45 **Development and implementation of quality profiles.** Amends § 256B.439, subd. 1. Adds home care providers to the list of providers eligible for the home and community-based services performance improvement and quality add-on payments. Makes this section effective retroactively from February 1, 2014.

46 **Calculation of home and community-based services quality add-on.** Amends § 256B.439, subd. 7. Modifies the calculation of home and community-based services quality add-on. Changes the funding from a fixed appropriation to a forecasted amount.

47 **Provider qualifications.** Amends § 256B.4912, subd. 1. Requires providers to meet background study requirements prior to revalidation of licensure.

48 **ICF/DD rate increases effective July 1, 2014.** Amends § 256B.5012, by adding subd. 16. Provides a four percent rate increase for ICF/DDs effective July 1, 2014. Requires 75 percent of the payment increase to be used to increase compensation-related costs for employees directly employed by the facility. Ties one percent of the rate increase to quality improvement projects.

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49 **Grant programs.** Amends Laws 2013, ch. 108, art. 14, § 2, subd. 6. Corrects a double appropriation for the essential community supports grant program.

50 **Provider rate and grant increases effective July 1, 2014.** Provides a four percent reimbursement rate increase for various home and community-based services providers effective July 1, 2014. Requires 75 percent of the payment increase to be used to increase compensation-related costs for employees. Ties one percent of the rate increase to quality improvement projects.

51 **Revisor's instruction.** Instructs the revisor to change the term "defective person" to "persons with intellectual disabilities."

52 **Repealer.** Paragraph (a) repeals Minnesota Statutes, section 245.825, subds. 1 and 1b (rules governing aversive and deprivation procedures; review and approval) upon the effective date of the rules adopted according to Minnesota Statutes, section 245.8251, or, if sequential effective dates are used, the first effective date. Requires the commissioner of human services to notify the revisor when this occurs.

Paragraph (b) repeals Minnesota Statutes, sections 245D.02, subds. 2b (aversive procedures), 2c (aversive stimulus), 5a (deprivation procedure), and 23b (positive transition support plan); 245D.06, subds. 5 (prohibited procedures), 6 (restricted procedures), 7 (permitted actions and procedures), and 8 (positive support transition plan); and 245D.061 (emergency use of manual restraints), upon the effective date rules are adopted according to Minnesota Statutes, section 245.8251, or, if sequential effective dates are used, the first effective date. Requires the commissioner of human services to notify the revisor when this occurs.

Paragraph (c) repeals Minnesota Rules, parts 9525.2700 (purpose and applicability); and 9525.2810 (penalty for noncompliance), upon the effective date rules are adopted according to Minnesota Statutes, section 245.8251, or, if sequential effective dates are used, the first effective date. Requires the commissioner of human services to notify the revisor when this occurs.

Article 6: Miscellaneous

Overview

This article modifies the rate methodology for the consolidated chemical dependency treatment fund and modifies the GRH rate statute that applies to Andrew Residence to conform to current practice.

1 **Rate methodology.** Amends § 254B.12. Creates two subdivisions in this section

Subd. 1. CCDTF rate methodology established. This subdivision contains the original statutory language.

Subd. 2. Payment methodology for state-operated vendors. Paragraph (a) requires the commissioner to seek federal authority to develop a payment methodology

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specific to a state-operated vendor who provides chemical dependency services and reimbursement through the consolidated chemical dependency treatment fund. Makes this methodology effective for services provided on or after October 1, 2015, or on or after receipt of federal approval, whichever is later.

Paragraph (b) requires that the commissioner receive legislative approval before implementing the approved payment methodology.

2 **Monthly rates; exemptions.** Amends § 256I.05, subd. 2. Requires GRH rates paid to the facility specified in this subdivision to include adjustments to the GRH housing rate and any adjustments applicable to supplemental service rates statewide.